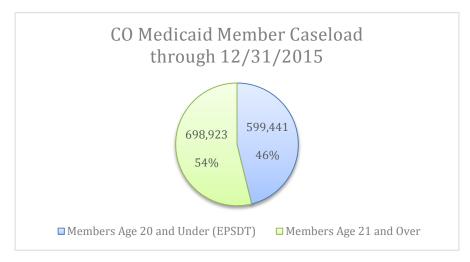


Policy Advisory Committee Update

February 4, 2016

Medicaid and CHP+ Enrollment

Through December 31, 2015, Medicaid enrollment in Colorado reached **1,298,364** individuals and CHP+ enrollment increased to **48,488** individuals. Below is a visual depiction of youth and adult Medicaid member caseload:



For additional information and county-by-county data can be found <u>HERE.</u>

Open Enrollment Numbers

The official end of open enrollment is January 31, 2016 for Connect for Health Colorado. Visit their website for the latest enrollment numbers. Connect for Health recently announced that individuals and families who are shopping for new health insurance coverage because their health plans are no longer being offered will be permitted to enroll in new coverage through **February 29th**. For more information visit connectforhealthco.com.



Provider Revalidation and Enrollment

Wave Six (6) notices for Provider Revalidation will be mailed to Medicaid providers in Adams and Arapahoe counties on February 1, 2016. Current Medicaid providers who have not already begun the revalidation process should do so in February. Providers may revalidate prior to their assigned wave period; however, all providers need to have begun the application process by the end of March 2016.

Providers must utilize the <u>Online Provider Enrollment (OPE) tool</u> to complete their applications. Provider resources, including trainings, an enrollment reference guide, and several FAQs, are available online on our <u>Provider Resources page</u>. Providers are urged to review these resources prior to beginning the revalidation process.

Although the Department's deadline for provider revalidation remains March 31, 2016, the Department will continue to assist providers with completing applications through September 24, 2016. It is critical that providers complete the revalidation process as soon as possible. Beginning on November 1, 2016, claims and encounters submitted by providers who have not enrolled and/or revalidated will be denied.

For more information, contact Provider.Questions@state.co.us.

Legislative Update

The 70th General Assembly convened on January 13, 2016. Per the state Constitution, the Colorado legislature is in session for no more than 120 days, adjourning this year on May 11, 2016.

The Department has three bills on its legislative agenda this session:

- Medicaid Option for Prescribed Drugs by Mail
- Reducing Regulation for Non-emergent Medical Transportation Providers
- Elimination of Obsolete Reports

Brief descriptions of these bills are below; full bill descriptions are available through the provided hyperlinks.

HB16-1081: Obsolete Reporting Dept of Health Care Policy & Financing

This bill repeals certain obsolete reporting requirements of the Department and other providers.

Status: 01/19/2016 Introduced in House - Assigned to Health, Insurance, & Environment



HB16-1097: PUC Permit for Medicaid Transportation Providers

The bill creates a new category of non-emergency transportation carriers to serve Medicaid clients.

Status: 01/19/2016 Introduced in House - Assigned to Transportation & Energy

SB16-027: Medicaid Option for Prescribed Drugs by Mail

This bill allows Medicaid members the option to receive prescribed medications used to treat chronic medical conditions through the mail.

Status: 01/28/2016 Scheduled - Health and Human Services committee on February 3 upon adjournment

Seeking Integrated Project Team Representatives

Representatives from state agencies, counties and Connect for Health Colorado have been working on updating the CBMS and PEAK governance structure.

The new structure will combine existing CBMS governance groups into two Integrated Project Teams (IPTs) - one focused on the client experience and front-end PEAK users (Client Experience IPT), and the other focused on staff who process applications on the back-end of the eligibility and enrollment systems (User Experience IPT).

Nominations for representatives from community-based organizations and counties are now being recruited for the two IPTs. To learn more about expectations and deliverables for participating in either IPT, visit the <u>Governor's Office of Information Technology website</u>.

Nominations are due by 5:00 p.m. on Friday, February 5, 2016.

1095-B Resources

1095-B Question & Answer (Q&A) Webinar

The Department is hosting an IRS Form 1095-B Q&A webinar for eligibility partners. This will *not* be a formal presentation or a training. Instead, it will be an opportunity to hear Department responses to frequently asked questions about Form 1095-B.

Wednesday, February 10, 2016 12:30pm

Dial-in Information: 1-877-820-7831

Participant Code: 439283#

Register for the webinar



If you have a non-case specific IRS Form 1095-B question(s) you would like addressed during the webinar, please send your question(s) to Medicaid.Eligibility@state.co.us by Thursday, February 3rd at 5:00 pm.

New Federal Tax Document IRS Form 1095-B Mailings Began January 2016

On January 14, 2016, the Department sent out a press release on 1095-B--<u>Colorado</u> Medicaid Members Begin Receiving IRS 1095-B Forms.

IRS Form 1095-B is a federal tax document that the Department is required to send to members as proof that they had qualifying health coverage during the month(s) they were enrolled in Medicaid or Child Health Plan Plus (CHP+) in 2015. Under the Affordable Care Act, most individuals are required to have health coverage, or pay an IRS federal tax penalty, the <u>Individual Shared Responsibility Payment</u>.

The Department began mailing out 1095-B forms in mid-January, and will continue sending them through the end of January. We expect that members will receive these forms in their mailboxes through early February. We posted the cover letter in English and Spanish, and an annotated 1095-B form online, so you can see what members will receive.

Based on county feedback, we also posted responses to <u>frequently asked questions from counties about IRS Form 1095-B</u>, including questions about returned mail. We can add to this document on an ongoing basis as needed.

Visit COHealthInfo.com/IRSForm1095B for answers to frequently asked questions from members about Form 1095-B. This resource will be updated to reflect questions received from members.

Additional stakeholder resources, including an introductory <u>fact sheet</u> and <u>webinar</u>, the cover letters, a 1095-B <u>timeline</u>, and the <u>annotated form</u> are posted on Colorado.gov/HCPF on the eligibility partners' <u>Training Topics</u>, <u>Reference Documents</u>, <u>and Guides</u> in the IRS Form 1095-B folder.

Please remind clients to update their mailing address to ensure they receive their new federal tax document IRS Form 1095-B.



HCBS Waiver Update

The Department received approval from the Centers for Medicare and Medicaid Services for amendments made to three Home and Community Based Service (HCBS) Medicaid Waiver programs.

These changes are effective February 1, 2016. Department staff will be working with Single Entry Point case managers and HCBS provider agencies to ensure timely implementation of these changes.

Brain Injury Waiver, Community Mental Health Supports Waiver and the Elderly, Blind, and Disabled Waiver received approval for the following changes:

- Home Modification Increase: Overall lifetime cap for the Home Modification benefit is increased to \$14,000.
- Consumer Directed Attendant Support Services received approval for the Agency with Choice and Fiscal Employer Agent Financial Management Service Models.
- Agency based personal care and homemaker services received a targeted rate increase.
- In-Home Respite Targeted Rate Increase.

In addition, the Elderly, Blind, and Disabled Waiver received approval for changes to the In Home Support Services (IHSS) benefits:

- IHSS can be provided in the community.
- Clarifies that the client or the client's authorized representative is responsible for directing their care, including scheduling, managing, and supervising attendants.
- Allowing clients or the client's authorized representative to work with the IHSS agency to determine the amount of oversight provided by a licensed health care professional.
- Added a spouse as an eligible family member who may act as an attendant providing IHSS.
- Removed the 444 hour per year family member reimbursement limit for personal care and established a new 40 hour per week family member reimbursement limit for personal care.

The Department anticipates receiving approval for the Spinal Cord Injury Waiver, the Children with Life-Limiting Illness Waiver and the Children's Home and Community Based Services Waiver in the near future. The Department will communicate with stakeholders and providers once approvals are received.



For additional information on approved Home and Community Based Services Medicaid Waivers please contact the appropriate waiver manager:

- Elderly, Blind and Disabled Waiver: <u>Lana.Mutters@state.co.us</u>
- Community Mental Health Supports Waiver: <u>Cassandra.Keller@state.co.us</u>
- Brain Injury Waiver: <u>Diane.Byrne@state.co.us</u>
- Spinal Cord Injury Waiver: <u>Samantha.Saxe@state.co.us</u>
- Children with Life-Limiting Illness: <u>Candace.Bailey@state.co.us</u>
- Children's HCBS Waiver: Dennis.Royjr@state.co.us

Department Contact:

HCPF on Social Media:







Crestina Martinez 303-866-5362 <u>crestina.martinez@state.co.us</u>